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## REMARKS

New Claim 15 is a substitute for Claim 10 having the same content while eliminating a multiple dependent claim.

A check in the amount of Eighty Dollars (\$80.00) is enclosed to pay for the additional independent claim.

If any additional fee is required for this filing, the Commissioner is authorized to charge such additional fee, or to credit any overpayment to Deposit Account No. 12-0415. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

I hereby certify that this correspondence is being deposited with the United States Post Office with sufficient postage as first class mail in an envelope addressed to:

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Dated: November 27, 2001

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(Signature of Person Depositing)

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November 27, 2001

(Date of Deposit)

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